



PACIFIC MESSENGER

June 2001

Volume 2, Issue 3

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Congratulations!

TSgt Louise Ratleff, USAF



TSgt Ratleff graduated from the Air Force's NCO Academy Class with honors! Her excellent effort was recognized at graduation where she was presented with two of the four awards given out that evening; the **Academic Achievement Award**, and the **John L. Levitow Award**. The latter is the highest honor awarded and is presented to the student who is the most outstanding in objective and performance evaluations and who has demonstrated outstanding leadership qualities. The TRICARE Pacific Lead Agency is proud to have TSgt Louise Ratleff as a team member!

NEWS RELEASE from the United States
Department of Defense
No. 253-01
IMMEDIATE RELEASE
June 7, 2001



Mr. Thomas F. Carrato

NEW TRICARE EXECUTIVE DIRECTOR NAMED

The Department of Defense announced today that Thomas F. Carrato became the new executive director of the Department's TRICARE Management Activity (TMA). Under Secretary of Defense for Personnel and Readiness David Chu said of Carrato's selection, "This is great news for the entire Military Health System. Carrato has tremendous executive experience in the TRICARE program, and has consistently delivered top results for TRICARE over the years. He's the right person to lead TMA into the future."

Carrato has more than 23 years of experience in a variety of health care-related organizations including the U.S. Public Health Service where he holds the rank of Assistant Surgeon General (Rear Admiral, upper half). He was assigned to

the Department of Defense from March of 1988 to May 2000, during which time he assumed increasingly more responsibility for TRICARE program management.

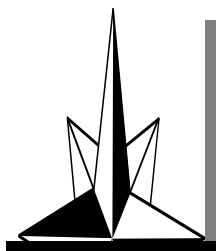
Carrato served as Director of Managed Care Operations in Health Services Financing (HSF) during his tenure in the Office of the Assistant Secretary of Defense for Health Affairs. He most recently served as the Chief Operating Officer at TMA, a position he left when he was named Regional Health Administrator for the U.S Department of Health and Human Services Region IV.

Carrato holds a Master of Science degree in Accounting from Georgetown University and is a licensed Certified Public Accountant. He holds a Master of Social Work degree from the University of South Carolina and is a licensed Clinical Social Worker.

The TMA is the organization that oversees the DoD managed health care program for uniformed services beneficiaries and their families. TMA leaders are responsible for improving and enhancing TRICARE worldwide, and for ensuring the availability and affordability of high-quality, accessible health care for uniformed services beneficiaries worldwide. TMA was created in February 1998 as part of the Defense Reform Initiative. More information about TMA can be found at:

<http://www.tricare.osd.mil/org/tmaorgpg.html>

MEDICAL DIRECTOR'S CORNER



“Guidelines can never address all the issues in caring for an individual patient; they never replace clinical judgment. “

What are M&R Care Guidelines?

CDR John Olsen

Medical Director, TRICARE Pacific Lead Agency

*M&R Care Guidelines*TM, developed by a Division of Milliman & Robertson (M&R) Inc., are practical healthcare guidelines developed with the best evidence-based medical practices currently available. The evidence-based approach uses published research, prioritizing randomized controlled trials and observational studies in peer-reviewed literature. Cutting edge techniques and technologies, where published studies are not always available, are evaluated through a variety of analyses. The analyses include, but are not limited to: database analysis, quality improvement projects, community experience and expert opinion.

The *M&R Care Guidelines* are usually updated every 12 to 18 months. During each update, there is a systematic review of the research, literature, and current practice environment. When specific interventions in the care of a patient are new and/or lacking solid evidence-based studies, the guidelines offer a strategy based on the best information available and identify the weaknesses of the information behind the recommendation.

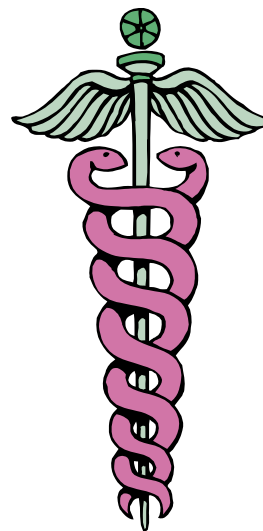
The goals of the M&R Care Guidelines are to 1) Assist clinicians in managing patients who require medical care in common practice settings, 2) Communicate best-demonstrated practice, 3) Reduce unnecessary health care practice

variation, 4) Encourage clinician participation in the practice of evidence-based medicine, 5) Encourage patient education and patient choice, and 6) Write the guidelines in a style designed for ready access in clinical decision-making.

Guidelines can never address all the issues in caring for an individual patient; they never replace clinical judgment. Guidelines are meant to apply to most patients in most situations but never to every patient in every situation. The guidelines can, however, become the stimulus or road map for improving care processes and decreasing variability in care delivery.

For further general information on *M&R Care Guidelines*, please visit <http://careweb.mnr.com/ppc2001/>. A majority of this discussion was taken from the *M&R Care Guidelines* web site, retrieved on 051801.

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CLINICAL OPERATIONS

APPOINTMENT STANDARDIZATION/ PCMBN UPDATE



Appointment Standardization

TMA is scheduled to provide Business Rules training on 13-14 Sep 01, following the TRICARE WESTPAC conference at the New Sanno in Tokyo, Japan. Training is geared toward the Access Manager and Appointment Supervisor. Access Managers/Appointment Supervisors will gain the knowledge necessary to ensure successful implementation of the nine standard appointment types.

Primary Care Manager By Name (PCMBN)

TPLA will be forwarding the long awaited PCMBN Business Rules Toolkits. The toolkit is a comprehensive guide that facilities may use to educate personnel and beneficiaries about the Primary Care Manager By Name concept. These toolkits will be sent to TRICARE POCs at each MTF.



DENTAL


Down in the Mouth, June 2001

The TRICARE Dental Plan, TDP, has now been in place since last February – better coverage with lower premiums. Two important changes have been in enrollment and eligibility. The dental insurance company, United Concordia Companies, Inc., now handles enrollment instead of the military personnel centers. Eligibility has been extended to the Reserve components and their families.

While these changes have brought welcome relief to many, they have also brought a flood of phone calls and emails to the insurance carrier. UCCI is working to get back to the quick response times to which we became accustomed under the previous contract. The web site www.ucci.com remains a wealth of information that can answer many questions.

There remains scattered reports of families being dropped unexpectedly from the program. As the National Enrollment Database comes on line, the information contained in the government programs will become more dependable and erroneous disenrollments will become rare. In the mean time, we need to remind our beneficiaries to check their monthly LES to ensure that the premium has been deducted – particularly those who are moving with a permanent change of station.

Active Duty Service Members who are serving in Geographically Separated Units can obtain civilian dental care through a program administered by the Military Medical Support Office. The program also covers emergency care for active duty traveling within the United States when a military dental clinic is not available. For complete details see the web site at <http://navymedicine.med.navy.mil/mmso/>

If you got'em
floss'em !! 

CLINICAL OPERATIONS

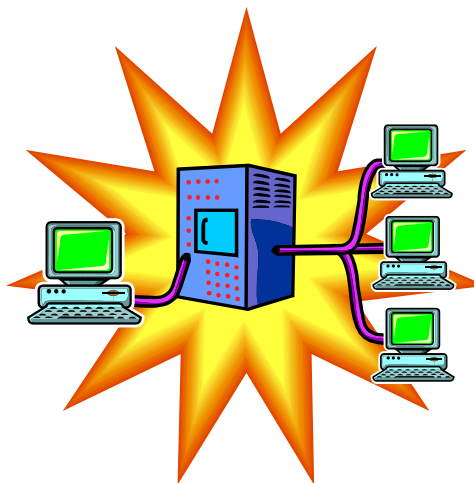
ARS BRIDGE TRAINING COMING TO THE PACIFIC

The TRICARE Pacific Lead Agency is arranging to have on site ARS Bridge training this summer. Classes are two days in length and will be held in Hawaii. Specific dates and details for registration will be forthcoming. You must be a designated ARS Bridge user and have completed all access processing to attend. This is an excellent program, with a wealth of MHS information. Though easy to use, training provides an opportunity to take full advantage all the programs offers. Because we will be using actual access codes and working with live data, it is essential to have accounts functional prior to class.

ARS Bridge Key Features:

- *Powerful ad hoc query tool* - The ARS-Bridge uses Business Objects to provide a user-friendly interface to the ARS database for report generation. The drag-and-drop functionality of Business Objects allows users to produce reports and graphs of MHS data at multiple levels of detail.
- *Web-based reports* – uses WebIntelligence* (Web-I) to enable users to access a set of reports derived from ARS data through a web browser. This web-based reporting feature will provide support to the greatest number of MHS ARS-Bridge users.
- *Data* -The SIDR (Standard Inpatient Data Record - From CHCS)
- *SADR* (Standard Ambulatory Data Record - From ADS)
- *HCSR* (Health Care Service Record - Purchased Care Data)

- NMOP (National Mail Order Pharmacy Data)
- SIDR (Standard Inpatient Data Record - From CHCS)
- SADR (Standard Ambulatory Data Record - From ADS)
- Population Summary (DEERS Summary-Population Data)
- DEERS (monthly view, person detail and TRICARE enrollees)
- World Wide Workload Reports (WWR)
- MEQS (MEPRS Executive Query System)
- TRICARE Senior Prime (enrollment summary, member-months files)



AROUND THE REGION



The optometry clinic at the 18th Medical Group has developed its own Web appointment system to free technicians from doing double duty as appointment clerks.

Until recently, the optometric technicians scheduled an average of 20 appointments by telephone each day and answered 10 other questions about open slots. Scheduling the appointments and answering the phone was a full-time job and left little time for other technician duties such as assisting the optometrist and ordering spectacles. We were determined to find a solution to this problem.

After doing some research online, we found that several clinics were using an “email request” appointment system. We concluded that this system would actually add to our workload. Additional time would be spent replying to the emails, receipt of the appointment time by the patient may not be confirmed, and the appointment time given to the patient may not be acceptable. Each of these would result in additional work by clinic staff.

We decided the best method would be to display all available appointments online. With the help of the 18th Communications Squadron, we were able to bring the system online on March 1st.

From the patients’ perspective, the system gives a real-time view of available appointments. Patients can schedule and cancel appointments via a web

browser from home or work 24 hours per day and 7 days per week (24x7). No contact with the clinic is necessary prior to arriving for the appointment. Since March 1st, over 700 appointments have been booked online by patients and we have seen a decrease of over 80% in phone calls to the clinic – allowing the technicians to devote more time to patient care.

A significant benefit the system provides is a method to survey our patients by sending online feedback forms via email. Patients select a few drop-down boxes, enter a few comments and press submit – all from within the email. Results are tabulated dynamically and can be viewed by clinic staff in real-time on a secured Internet site. Email feedback forms allow for rapid resolution of problems and save our patients time when completing them.

The feedback response rate has been impressive. Over 60% of feedback forms have been returned, most within hours of the appointment being concluded. With automated tabulation, no human effort is needed to score and view the results. In addition, with the patient’s email address, appointment reminders are sent to patients prior to their appointment – this has helped lower our no-show rate by greater than 30%.

An additional benefit for our patients and a time-saver for our staff is the unique



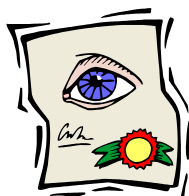
“Appointment Cancellation Notification.” Patients have the option of adding their name to a mailing list that will automatically send an email to them when an appointment has been cancelled. Included with the email is a link to the appointment system. Clicking on this link will take the patient to the scheduling system and allow them to book the appointment within seconds after it was cancelled.

Continued on Page 6

AROUND THE REGION

18th Medical Group (Continued from Page 5)

This is useful for patients who need an appointment as soon as possible while the next available appointment may be several weeks away. Updating the online database is simple. As appointments are opened in CHCS (every 2 weeks in our clinic), an ad-hoc report listing all the appointments is generated. This report is pasted (through simple cut/paste



with the mouse) into a text box on a web page. With a simple press of a button, the appointments are available for booking on the Internet.

Technicians can perform any type of maintenance on the system through the "Online Appointment Desk" secured web page. This page allows technicians to cancel appointments, freeze/unfreeze/delete/add appointments, send feedback and email reminders, view survey results, view a daily roster of patients, and via a separate but in-house developed system, check the status of military spectacles ordered by the clinic.

Since CHCS must be used for clinic administration, the appointments scheduled via the online system must be entered into CHCS. Technicians, through the "Online Appointment Desk" secured web page, print a list of appointments that patients have scheduled since the list was previously printed. This list, printed at least daily, is used to enter the patient information into CHCS. With the help of SmartTerm macros, updating CHCS takes approximately 5-10 seconds per appointment. This data entry into CHCS can be completed at any time throughout the day and serves as a backup of the online database.

This system was developed in-house at no extra cost. The only maintenance required is rewriting the ad-hoc report when CHCS software upgrades are made that affect the report.

By using cutting edge Internet client-server

technology this appointment system is scalable and easily distributable.. All software resides on a single Internet server and therefore upgrades are easily accomplished and additional clinics can be added with little additional effort.

This system is a true Internet Application for clinical appointments that benefits our staff and our patients. If you are wondering if the time for online appointments has arrived, just ask our patients and staff!

The online system may be accessed at:
<http://www-02.kadena.af.mil/18mg/18amds/opt/optoweb2.htm>

If you would like to see a demonstration of the system, please contact Capt. Archie D. Bockhorst @ archie.bockhorst@kadena.af.mil



TRICARE "Good News" Story

I recently returned to the east coast from Hawaii where my father (Thomas R. Corrigan USN Ret) was a patient. I was there for a period of 15 days and my Dad had been sick for quite some time and he was diagnosed with a terminal cancer 12/21/00. I noticed that at your main desk there was a nomination form for a CARE award. I neglected to pick one up as I was preoccupied. I was wondering if that was for staff member nominations.

There were many people who were exceptionally nice and helpful although there are two people that really stand out among the others. They are LTC (Dr.) Joseph Pina and MAJ (Dr.) Maria R. Doria. They really went above and beyond the normal duties of a physician. I personally have been involved with many doctors in the civilian and military medical arenas over the years. These two individuals went far out of their way to help both my mother and father through very difficult times. Both had (Dr. Doria remains my mother's doctor) been involved with my dad and even though other doctors were handling things at various stages of my dad's illness they continued to stop by and visit him all the time. Dr. Doria stopped by on a daily basis and called my mom at home and talked to her for periods of time to make sure she was OK. I personally received at least 20 emails from Dr. Doria keeping me apprised of my dad's condition.

Although my Dad's was beyond help and his treatment was palliative rather than curative they did all they could do for him and my Mother and so much more. My Dad was transferred to the Center for Aging for end of life care and he only resided there for 4 days until his death on April 20, 2001.

I just wanted to know if the CARE award could be applied to these individuals. They surely deserve recognition for their care and concern of a single patient and their family. I realize that they are extremely busy individuals and have many patients but the time and caring that went towards my parents during my dad's final days was incredible.

I usually do not write letters such as this one but I felt that I had to take the time and express some form of thanks for the exemplary effort that these individuals put forth. They made my father (who was a retired Chief from the Navy after 2 wars and 21 years and a disabled veteran) feel very special. So again, I would like to express my thanks to the Tripler Staff and especially these two outstanding individuals. The civilian medical world could take a good lesson from them.

Sincerely,

Brian M. Corrigan



WHAT IS THE PRIMARY CARE MANAGER BY NAME (PCMBN) PROGRAM

April 19, 2001
No. 01-12

The Primary Care Manager by Name (PCMBN) program is another effort by TRICARE to ensure beneficiaries receive the best health care possible. The program is designed to assign TRICARE Prime beneficiaries a specific primary care manager (PCM) who will provide primary oversight and continuity of health care and ensure the level of care provided is of the highest quality. The relationship developed between patients and their PCM is the basis for successful prevention-oriented, coordinated health care.

The military treatment facility (MTF), in conjunction with lead agents and managed care support contractors (MCSC), will assign beneficiaries to a PCM. Currently, in most TRICARE regions, 80 to 100 percent of beneficiaries are assigned to a PCM. The goal is to have all TRICARE Prime beneficiaries assigned PCMs by July 1, 2001.

Before a TRICARE Prime beneficiary selects a PCM, he/she should know the following:

- Physicians in the specialties of internal medicine, general practice, pediatrics, or family practice may be PCMs. Obstetrician/gynecologists, other specialists, physician extenders, house staff, and independent duty corpsmen may also be PCMs if approved by the local medical commander. Non-PCM physician extenders, as well as nurses, and medical assistants may be part of a health care team that works under the supervision of the PCM to provide the beneficiary's care.
- Beneficiaries will be assigned to the PCM they indicate as their first preference on their enrollment form, whenever possible.
- Beneficiaries can refer to a published directory of PCMs available for assignment. The directory will be available either at the MTF, on the MTF's Web site, or at the TRICARE Service Center (TSC).
- The beneficiary will be sent a notice within five business days of assignment to a new PCM. This notice will include the PCM's name, date of assignment and telephone numbers.
- A beneficiary can request a PCM change at any time. Beneficiaries will be assigned to the PCM requested whenever possible, however, they should note MTF assignment policies and the medical needs of the beneficiary will also be given consideration when PCM assignment is made.
- A patient's medical condition may determine PCM assignment or re-assignment by the MTF.

The PCMBN program is part of the military's optimization initiative for military treatment facilities. Optimization aims to utilize best managed health care practices, to include preventive measures, clinical practice guidelines and case management. Patients reap benefits from consistent health care and improved overall health.

Additional information about TRICARE is available on the TRICARE Web site at

<http://www.tricare.osd.mil/>



COMPREHENSIVE TRICARE INFORMATION NOW AVAILABLE ON THE WEB AND BY PHONE

**May 23, 2001
No. 01-16**

The most comprehensive and up-to-date TRICARE information is available on the TRICARE Web site at www.tricare.osd.mil/ndaa. For those beneficiaries whose questions cannot be answered by the TRICARE Web site, there are new TRICARE toll-free telephone numbers to TRICARE representatives with answers on TRICARE For Life, the TRICARE Senior Pharmacy Program, and TRICARE Prime Remote for active duty and their family members. These new telephone numbers will greatly expand TRICARE's ability to provide accurate information.

One of the best features of the new information technology center is the "warm hand-off." When beneficiaries reach a TRICARE Information Center representative, they are not disconnected until they have their questions answered, or they have been connected to another person who can help them. There are no telephone recordings or directories to sort through.

The toll-free telephone numbers for these TRICARE programs are:

Senior Pharmacy Program 1-877-DOD-MEDS (1-877-363-6337)

TRICARE For Life program 1-888-DOD-LIFE (1-888-363-5433)

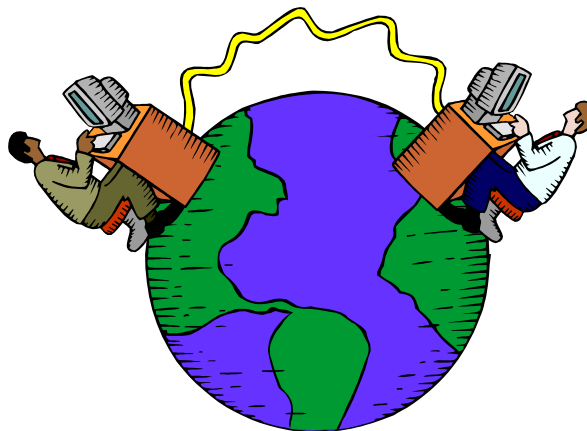
TRICARE Prime Remote for active duty and their family members program

1-888-DOD-CARE (1-888-363-2273).



Accessing the TRICARE Web site, available 24 hours a day, seven days a week, and using the tools available, such as "Frequently Asked Questions" beneficiaries can get the answers they need when they need them.

Hours of operation for the telephone information center are Monday through Friday 7 a.m. - 11 p.m., Saturday 9 a.m. - 8 p.m., and Sunday 10 a.m. - 5:30 p.m. ET.



INFORMATION MANAGEMENT



Robert Hengel
Director, Information Management

MARKETING AND EDUCATION



Gertie Francoise
Director, Marketing and Education



Guide to TRICARE Terms

This issue of the "Pacific Messenger" contains part two of a continuing series of program terms whose purpose is to serve as a tool to better understand the TRICARE program. The Lead Agency welcomes input from regional staff members concerning areas of special emphasis to be included in this series.

Claims processor: The sub-contractor that handles a particular region's TRICARE claims.

Health Benefits Advisors: Military and/or civilian personnel stationed at military treatment facilities who are available to assist you with non-availability statements and benefit interpretation.

Health Care Finder (HCF): A contractor employee who makes appointments with providers in the military treatment facility or the contractor network.

National Mail Order Pharmacy Program: A pharmacy benefit offered to eligible beneficiaries. Certain restrictions apply. Call 1-800-903-4680 or go to the DOD Pharmacoeconomic Center web site for further information.

Non-Availability Statement (NAS): A certification from a military hospital that states that it cannot provide the care you need and indicates you may seek care from a civilian facility.

Other Health Insurance (OHI): Any primary health benefits plan other than TRICARE. These sources may include group employers, associations or private insurers. TRICARE generally pays secondary to OHI, meaning that you have to file your claim with the OHI first. Exceptions where TRICARE pays first include Medicaid, Maternal & Child Health Programs, Indian Health Program, TRICARE-specific supplemental insurance, financial supplemental (income-maintenance) plans, and State Crime Victims Compensation.

Primary Care Manager (PCM): The TRICARE Prime network physician or physician team that is assigned to you to provide your basic medical care and to arrange any specialist or hospital care you need. You receive maximum coverage under TRICARE Prime when your primary care manager coordinates your care.

Program for Persons with Disabilities (PFPWD): A financial-assistance benefit program through which family members of active-duty members receive supplemental benefits for the moderately or severely mentally retarded and the seriously physically disabled, over and above the medical benefits available under TRICARE. Authorization for PFPWD benefits must be requested from the TRICARE support contractor. For more information, contact your Health Care Finder or TRICARE service center.

SOURCE: Army Medicine Web Page
<http://www.armymedicine.army.mil>

<http://tricare-pac.tamc.amedd.army.mil>



The TRICARE Pacific bids Aloha to new staff members joining the team and to those staff members moving on to new adventures and challenges!

Tom Halliwell, CDR, MSC, USN comes to us from the Region 4 Lead Agency and will direct the newly created Beneficiary Services Division which encompasses the WESTPAC Service Center, WESTPAC TRICARE Remote Program, Marketing and Education, Beneficiary Counseling and Assistance Coordinator and Debt Collection Assistance Officer activities.

Wayne Jortner, LtCol, USAF, DC joins us from within the Pacific Region having been previously stationed at Osan, Korea. He will serve as the Chief, Dental Programs and Services for the Pacific Region.

John Shero, LTC, MS, USA hails from Schofield Barracks where he was Deputy Commander of the health clinic. LTC Shero is serving as Chief of Hawaii TRICARE Operations.

Ms Rhoda Shimabuku, a contract employee from Information Systems Support, joins our WESTPAC Service Center staff to provide administrative assistance and enrollment support.

Ms. Serene Hammond brings much needed assistance to our TRICARE Pacific Lead Agency Alaska team. Ms. Hammond comes to us from Elmendorf Air Force Base in Anchorage where she served as the Health Benefits Advisor and Beneficiary Counseling and Assistance Coordinator.

Ward Hinger, Maj (S), MSC, USAF will soon be heading up the TRICARE Pacific Lead Agency Alaska office, replacing Maj Rick Mc Millian. Maj (S) Hinger has previously served at Elmendorf AFB before his most recent assignment and will be welcomed back to beautiful Alaska.

Ann Bobeck, CDR, MSC, USN has left TPLA to sail more challenging seas in the waters of BUMED!

Randy Howard, LTC, MS, USA is now the Executive Officer for Tripler Army Medical Center!

Rich McMillian, Maj, MSC, USAF recently departed from our TRICARE Pacific Lead Agency Alaska office for a new assignment in the lower 48 at Travis AFB.

David Reid, LTC, DC, USA – In September, Dr. Reid will be off to new adventures in Germany.

Mr. Bob Barnes -- Bob joins his spouse, an Army mid-wife, on her new assignment in Germany.